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Bib Data Sheet

CONFIRMATION NO. 5598

<b>SERIAL NUMBER</b> 10/066,353	<b>FILING DATE</b> 01/31/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> RUB15531CIPC2
<b>APPLICANTS</b> Roberta Lee, Redwood City, CA; James W. Vetter, Portola Valley, CA; Ary S. Chernomorsky, Millbrae, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/565,611 05/04/2000 PAT 6,440,147 WHICH IS A CIP OF 09/417,520 10/13/1999 PAT 6,423,081 WHICH IS A DIV OF 09/146,743 09/03/1998 PAT 6,022,362				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/06/2002</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 14
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 22430				
<b>TITLE</b> Excisional biopsy devices and methods				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	